

## **Department of Insurance State of Arizona**

Consumer Affairs Division

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Governor

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Director of Insurance

## CONSENT FOR THIRD PARTY TO FILE INSURANCE COMPLAINT

Complaints received by the Arizona Department of Insurance (ADOI) become a matter of public record, pursuant to Arizona law. This means that the media, attorneys, other parties or organizations may request and have access to some of your personal insurance information as well as other personal matters related to your individual complaint. In addition, the ADOI may contact you during the investigation for further information.

I understand and authorize	to submit a
complaint to the Arizona Department of Insurance on my behalf. By my	y signature,
I acknowledge that I have read and understand the above statement and	d I agree to
have this complaint against	_ Insurance
Company/Agent submitted on my behalf.	
Signature of Policyholder	
Address	
Address	
Phone number	
Date	